

Questionnaire

1. About yourself

1.1 In which year were you born?

1996 1995 1994 1965 1955 1954

1.2 In which municipality do you live?

- | | |
|---|--|
| <input type="checkbox"/> Akershus | <input type="checkbox"/> Oslo |
| <input type="checkbox"/> Rogaland | <input type="checkbox"/> Aust-Agder |
| <input type="checkbox"/> Sogn og Fjordane | <input type="checkbox"/> Buskerud |
| <input type="checkbox"/> Sør-Trøndelag | <input type="checkbox"/> Finnmark |
| <input type="checkbox"/> Telemark | <input type="checkbox"/> Hedmark |
| <input type="checkbox"/> Troms | <input type="checkbox"/> Hordaland |
| <input type="checkbox"/> Vest-Agder | <input type="checkbox"/> Møre og Romsdal |
| <input type="checkbox"/> Vestfold | <input type="checkbox"/> Nordland |
| <input type="checkbox"/> Østfold | <input type="checkbox"/> Nord-Trøndelag |
| <input type="checkbox"/> Annet: _____ | <input type="checkbox"/> Oppland |

1.3 What is your marital status?

Married/living together with partner Single In a relationship Other

1.4 What is the highest degree you obtained?

9/10 years elementary school 3-year high school University college University Other education

1.5 What is your current work situation?

Student Working (Check here if you are employed but on sick or maternity leave) Stay-home mom
 Other, please specify: _____

1.6 Did you smoke during your pregnancy AFTER you found out you were pregnant?

- Yes, I smoked regularly
 Yes, occasionally
 No, never

1.7 Do you have any chronic diseases?

Allergies Asthma Diabetes (type 1 or 2) Epilepsy Cardiovascular disease Musculoskeletal disorders Hypo- or hyperthyroidism Depression/ anxiety Migraine Other: _____ None

1.8 Weight before pregnancy

If you are not able to answer this question, please write "do not know" or "?"

1.9 Height

If you are not able to answer this question, please write "do not know" or "?"

2. Pregnancy

2.1 Are you pregnant now?

Yes No

(If yes) In which week of pregnancy are you now?

Week _____

(If no) How old is your youngest child?

_____ weeks or _____ months

(If yes) Are you pregnant with more than one fetus?

No Yes, with twins or triplets Do not Know

(If no) Were you pregnant with more than one fetus in the last pregnancy?

No Yes, with twins or triplets

(If yes) What is your current weight?

_____ kg

(If no) How many children do you have in total?

1 2 3 4 5 more than 5

(If yes) How many children do you have already?

No 1 2 3 4 5 more than 5

(If no) We ask you to answer the rest of the questionnaire on the basis of your experiences from your last pregnancy

(If yes) We ask you to answer the rest of the questionnaire on the basis of your experiences from this pregnancy

3. Nausea and vomiting of pregnancy during your current/last pregnancy

3.1 In which pregnancy week did your nausea start? (Calculated from the first day of the last menstrual period before your pregnancy)

Week 1 Week 2 Week 3 Week 39 Week 40 later than week 40

3.2 (If yes during 2.1)

Do you suffer from nausea/vomiting right now?

Yes No

(If yes) In the last 24 hours:

I. For how long have you felt nauseated or sick to your stomach?

Not at all 1 hour or less 2-3 hours 4-6 hours More than 6 hours

II. Have you vomited or thrown up?

7 or more times 5-6 times 3-4 times 1-2 times I did not throw up

III. How many times have you had retching or dry heaves without bringing anything up?

No time 1-2 times 3-4 times 5-6 times 7 or more times

How many hours have you slept out of 24 hours?

1 2 3 ... 11 12 More than 12

Are you at the peak of your nausea symptoms?

Yes No

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(If new mom or symptoms not peaking at this time point) Please think back on a typical 24 hours during the period when your symptoms were peaking:

I. For how long did you feel nauseated or sick to your stomach?

Not at all 1 hour or less 2-3 hours 4-6 hours More than 6 hours

II. Did you vomit or throw up?

7 or more times 5-6 times 3-4 times 1-2 times I did not throw up

III. How many times did you have retching or dry heaves without bringing anything up?

No time 1-2 times 3-4 times 5-6 times 7 or more times

How many hours did you sleep out the 24 hours?

1 2 3..... 11 12 More than 12

(If no) In which pregnancy week did your nausea and vomiting of pregnancy stop? (Calculated from the first day of the last menstrual period before your pregnancy)

Prior to week 10 week 10 week 11 week 39 week 40 later than week 40

4. Nausea and vomiting of pregnancy in everyday life

We also want to get some information on how nausea and vomiting of pregnancy influenced your everyday life

If you are pregnant now, please answer for your current pregnancy only.

If you are the mother of young children under 1 year, please answer for your last pregnancy.

4.1 What effect would you say that the nausea and vomiting of pregnancy had on your everyday life with regards to the following aspects?

Inhibition of the ability to take care of household chores:

None Minor Major

Reduced social life

None Minor Major

Negative impact on the relationship with your partner

None Minor Major Not applicable

The ability to care for any children from previous pregnancies

None Minor Major I do not have children from before

Reduced work capacity

None Minor Major Not applicable

Do you/Have you experienced any feelings of depression as a result of your nausea and vomiting of pregnancy?

Never Rarely Sometimes Often Always

4.2 Have you ever considered terminating your pregnancy due to your nausea and vomiting of pregnancy?

4.3 Have you ever considered not having more children due of your nausea and vomiting of pregnancy?

5. Pregnancy-associated issues

If you are pregnant now, please answer for your current pregnancy only.

If you are the mother of young children under 1 year, please answer for your last pregnancy.

5.1 Have you experienced any of the following issues during your pregnancy?

- Acid reflux / heartburn Constipation Colds Headaches Pain in the back / neck / pelvic
 Sleeping problems Urinary tract infection Other infections: _____ Other
 No symptoms whatsoever

5.2 Have you taken any of the following during your pregnancy (not necessarily for nausea)?

Folic acid / folate: Yes, before I was pregnant Yes, during my pregnancy No I do not remember

Iron supplements: Yes, before I was pregnant Yes, during my pregnancy No I do not remember

6. Nausea and vomiting of pregnancy and sick leave

If you are pregnant now, please answer for your current pregnancy only.

If you are the mother of young children under 1 year, please answer for your last pregnancy.

6.1 If you are / were working; have you been on sick leave because of your nausea and vomiting of pregnancy?

- Yes No I do not remember Not applicable
(If yes) Were you on a full-time sick leave or partially?
 Full-time sick leave Partially Both

(If yes) Estimate the number of days you were on sick leave in total (merge partial days so that e.g. two days with 50% sick leave are considered one full day)

If you are not able to answer this questions, please write "I do not know" or "?"

(If yes) Who initiated the sick leave?

- Physician Myself Other, who?: _____ I do not remember

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7. Quality of life

7.1 We will now ask you to read through every item, and tick off for the alternative that best describes how satisfied you are at the moment.

It is important that you answer every item, even if you don't participate in the activity or having the relationship. You may be satisfied or dissatisfied with not taking part in the activity or having the relationship.							
	Terrible	Unhappy	Mostly dis-satisfied	Mixed	Mostly satisfied	Pleased	Delighted
Material comforts; home, food, modern conveniences, financial security							
Health; being physically fit and vigorous							
Relationships with parents, sibling and other relatives; communicating, visiting, helping							
Having and rearing children							
Close relationship with spouse or significant other							
Close friends							
Helping and encouraging others, participating in organizations, volunteering							
Participating in political organizations or public affairs							
Learning; Attending school, improving knowledge							
Understanding yourself; Knowing what life is about							
Work; Job or home							
Expressing yourself creatively							

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	Terrible	Unhappy	Mostly dis-satisfied	Mixed	Mostly satisfied	Pleased	Delighted
Socializing; Meeting other people, doing things							
Reading, music, or watching entertainment							
Participating in active recreation							
Independence; Being able to do things yourself							